OMB#: 0925-0423 EXP. DATE 12/31/2004

NATIONAL INSTITUTES OF HEALTH AND AARP



FOLLOW-UP QUESTIONNAIRE

Please complete the questionnaire and return it in the postage-paid envelope to:

NIH-AARP Diet and Health Study 649 N. Horners Lane Rockville, MD 20850-1299

By completing and returning this questionnaire, you are consenting to continue to participate in this study.

BEFORE TURNING THE PAGE, PLEASE READ BOX A AND BOX B.

○ ←	вох	If the person whose name appears on the accompanying letter is deceased, please fill in the circle to the left, provide the state where they died and the date of death below, AND STOP HERE. Please return the blank questionnaire in the postage-paid envelope. Thank you for your help. State where they died: Date of death: MONTH / YEAR
○ ←	вох	Whenever possible, we would like this questionnaire filled out BY the person whose name appears on the accompanying letter. If that person is unable to fill out this questionnaire, please fill in the circle to the left and indicate your relationship to the person by marking one response below, then answer the questions ABOUT THAT PERSON . Spouse Child Sibling Non-related caregiver Other

GENERAL INSTRUCTIONS

- Answer each question as best you can. The questions deal with health activities and other health-related information. Many
 of the questions ask for an <u>estimate</u> of your behavior, such as how often you took certain vitamins or how much time you
 spent on certain activities; you do not need to know exactly how often you took the vitamins or the exact amount of time you
 spent on the activities to answer the questions. A guess is better than leaving a blank.
- Be certain to completely blacken in each of your answers.
- Do not make any stray marks on this form.
- When answering the question please fill in the appropriate circle completely, do not check, 'x', dot, or half fill-in the circle. Please see below for examples of a correct mark and incorrect marks.

CORRECT MARKS:

✓ X → •

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 285 a-1). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be held in professional confidence. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and reported as statistical summaries.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0423). Do not return the completed form to this address.

The first set of questions asks about your usual level of activity.

1. During the past <u>12 months</u>, approximately how much time per week did you participate in <u>each of the following</u> activities? (FOR <u>EACH</u> ACTIVITY MARK ONLY ONE RESPONSE.)

			A۷	ERAGE	TOTAL	TIME P	ER WE	ΕK		
ACTIVITY	None	5 min	15 min	30 min	1 hr	1 hr and 30 min	2-3 hrs	4-6 hrs	7-10 hrs	More than 10 hrs
Light household chores (for example, cooking, cleaning up, laundry, dusting, etc.)	0	0	0	0	0	0	0	0	0	0
b. Moderate to vigorous household chores (for example, vacuuming, sweeping, etc.)	0	0	0	0	0	0	0	0	0	0
c. Moderate outdoor chores (for example, weeding, raking, mowing the lawn, etc.)	0	0	0	0	0	0	0	0	0	0
d. Vigorous outdoor chores (for example, digging, carrying lumber, snow shoveling, etc.)	0	0	0	0	0	0	0	0	0	0
e. Home repairs (for example, painting, plumbing, replacing carpeting, etc.)	0	0	0	0	0	0	0	0	0	0
f. Caring for children (for example, pushing a stroller, playing, lifting, etc.)	0	0	0	0	0	0	0	0	0	0
g. Caring for another adult (for example, lifting, pushing a wheelchair, etc.)	0	0	0	0	0	0	0	0	0	0
h. Walking for exercise	0	0	0	0	0	0	0	0	0	0
 i. Walking for other daily (but not leisure time) activities, such as shopping, getting to and from work, etc. 	0	0	0	0	0	0	0	0	0	0
j. Jogging or running	0	0	0	0	0	0	0	0	0	0
k. Playing tennis, squash, or racquetball	0	0	0	0	0	0	0	0	0	0
I. Playing golf	0	0	0	0	0	0	0	0	0	0
m. Swimming laps	0	0	0	0	0	0	0	0	0	0
n. Bicycling (including riding a stationary bike)	0	0	0	0	0	0	0	0	0	0
o. Other aerobic exercise (for example, aerobic class, exercise machines, etc.)	0	0	0	0	0	0	0	0	0	0
p. Weight training or lifting (include free weights and machines)	0	0	0	0	0	0	0	0	0	0

_		AVERAGE NUMBER OF HOURS PER DAY								
2.	In a typical 24-hour period during the past 12 months, how many hours per day did you spend: (MARK ONLY ONE RESPONSE PER ACTIVITY.)	None	Less than 3 hours	3 to 4	5 to 6 hours	7 to 8 hours		11 to 12 hours	More than 12 hours	
	Sitting watching television, video, or DVD?	0	0	0	0	0	0	0	0	
	Sitting or driving in a car, bus, or train?	0	0	0	0	0	0	0	0	
	Other sitting (reading, knitting, using a computer)?	0	0	0	0	0	0	0	0	
	Sleeping at night or napping during the day?	0	0	0	0	0	0	0	0	
3.	During the past 12 months, how much trouble, if any, did you have with your regular daily activities as a result of your physical or emotional health? (MARK ONLY ONE RESPONSE.) None Slight amount Moderate amount Quite a bit An enormous amount	7. 8.	a job of O Yes O No Thinkin	Include f homer ————————————————————————————————————	paying naker. O TO Co	and vol	unteer j ON 9 had wh	nave <u>any</u> obs, as en you n the jo	well as	
4.	What is your normal walking pace? (MARK ONLY ONE RESPONSE.) Easy (less than 2 miles per hour) Normal, average (2 to 2.9 miles per hour) Brisk (3 to 3.9 miles per hour) Very brisk, striding (4 miles per hour or faster) Unable to walk		O Al O Le O Al O Al O Al	most no ess than bout half	half F MARK ON One	NLY ON	More the Practic	nan half ally all ONSE.) nan half		
5.	Currently, how many flights of stairs do you climb daily? (one flight is about 13 stairs) (MARK ONLY ONE RESPONSE.) No flights 1 to 2 flights 3 to 4 flights 5 to 9 flights 10 flights or more		All C. Walk All All All All All All All All All A	bout half king? (M. Imost no ess than bout half g or carr	ARK ON ne half	ILY ONE	E RESPO More the Practic	ONSE.) nan half		
6.	Thinking about your childhood, how would you best describe your father's or the head of your household's occupation? (MARK ONLY ONE RESPONSE.) Professional or technical (for example, doctor, lawyer, scientist, etc.) Managerial (for example, plant manager, CEO, etc.) Other non-manual (for example, bank teller, secretary, salesperson, etc.) Manual, in a trade (for example, carpenter, electrician, mechanic, etc.) Other manual (for example, farm labor, factory worker, etc.)	9.	At what (MARK Not r Befo Age Overall life con	most no ess than bout half tage did only (retired age 550 to 5455 to 591, how wanpares v	half d you re ONE RE	etire? SPONS	E.) Age 60 Age 70 Age 70 Age were	ally all to 64 to 69 or older	ired	
			O Not r		ONE RE	A	E.) bout the omewha			

Somewhat better

Much worse

Page	4	
9-	-	

Yes

On average, how many

Less than 15 years old

15 to 19 years old

20 to 24 years old

25 to 29 years old

30 to 39 years old

40 to 49 years old

cigarettes per day did you

smoke at the following ages?

11. During your entire lifetime, did you smoke a total of

100 cigarettes (5 packs) or more?

○ No → GO TO QUESTION 15

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O No

1 to 4 years ago

AVERAGE NUMBER OF CIGARETTES PER DAY SMOKED (MARK ONLY ONE RESPONSE FOR EACH AGE CATEGORY.)

11 to 20

 \bigcirc

0

 \bigcirc

0

 \bigcirc

12. Do you currently smoke cigarettes?

O Yes - GO TO QUESTION 14

13. How long ago did you stop smoking?

cigarettes cigarettes

 \bigcirc

0

 \bigcirc

0

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 \bigcirc

0

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○ Less than 1 year ago
○ 5 to 9 years ago

Page 4

More

than 60

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0

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10 or more years ago

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The following questions ask about your use of cigarettes.

14. Think back to the ages listed in the table below. For each age range, mark the circle that best describes the

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number of cigarettes per day, on average, that you smoked. There are 20 cigarettes in a pack.

Less

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0

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(MARK ONLY ONE RESPONSE PER AGE CATEGORY UP TO YOUR CURRENT AGE.)

None

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0

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0

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	Ŭ						
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
xt set of q	uestions a	sks about	your use o	of medicat	ions.		
				USE O	F MEDICA	TIONS	
edications	listed belo	w?	Did not take in the past 12 months	1 to 3 times per month	1 to 2 times per week	3 to 6 times per week	7 or more times per week
in, Anacin,	baby aspiri	n, etc.)	0	0	0	0	0
nol, Panado	I, etc.)		0	0	0	0	0
Anti-Inflammatory pain relievers (for example, Ibuprofen, Advil, Motrin, Aleve, Anaprox, Clinoril, Relafen, Piroxicam, etc.)			0	0	0	0	0
Relafen, P	iroxicam, e	etc.)					
Relafen, P	iroxicam, e	etc.)	0	0	0	0	0
	about how edications SE PER ME in, Anacin, I	xt set of questions a about how often did y edications listed belo SE PER MEDICATION in, Anacin, baby aspiri	xt set of questions asks about about how often did you edications listed below? SE PER MEDICATION.) in, Anacin, baby aspirin, etc.) nol, Panadol, etc.)	about how often did you edications listed below? SE PER MEDICATION.) Did not take in the past 12 months in, Anacin, baby aspirin, etc.)	xt set of questions asks about your use of medicat about how often did you edications listed below? SE PER MEDICATION.) Did not take in the past 12 months in, Anacin, baby aspirin, etc.)	xt set of questions asks about your use of medications. USE OF MEDICA about how often did you edications listed below? SE PER MEDICATION.) Did not take in the past 12 months per month week in, Anacin, baby aspirin, etc.) nol, Panadol, etc.)	xt set of questions asks about your use of medications. September Septemb

	USE OF MEDICATIONS						
16. During the <u>past 20 years</u> , for how many total years did you take the following medications at least once per week? (MARK ONLY ONE RESPONSE PER MEDICATION.)	Did not take at least once per week	Less than 2 years	2 to 5 years	6 to 10 years	11 or more years		
Aspirin (for example, Bayer, Bufferin, Anacin, baby aspirin, etc.)	0	0	0	0	0		
Acetaminophen (for example, Tylenol, Panadol, etc.)	0	0	0	0	0		
Anti-Inflammatory pain relievers (for example, Ibuprofen, Advil, Motrin, Aleve, Anaprox, Clinoril, Relafen, Piroxicam, etc.)	0	0	0	0	0		
Vioxx, Celebrex, or Bextra	0	0	0	0	0		
Cholesterol-lowering medications (for example, Mevacor, Zocor, Lescol, Pravachol, Crestor, Lipitor, other statins)	0	0	0	0	0		

The next set of questions asks about your lifetime use of vitamin and mineral supplements.

USE OF VITAMIN AND MINERAL SUPPLEMENTS								
CURRENT USE								
17a. Please mark your use of multivitamins. (MARK ONLY ONE RESPONSE.)	Never used	Past use only	Less than 2 years	2 to 4 years	5 to 9 years	10 or more years		
Multivitamins	0	0	0	0	0	0		
17b. Excluding multivitamins, please mark your use of the following <u>single</u> supplements. (MARK ONLY ONE RESPONSE PER SUPPLEMENT.)								
Vitamin A	0	0	0	0	0	0		
Beta-Carotene	0	0	0	0	0	0		
Vitamin C	0	0	0	0	0	0		
Vitamin E	0	0	0	0	0	0		
Calcium (including Tums)	0	0	0	0	0	0		
Zinc	0	0	0	0	0	0		
Selenium	0	0	0	0	0	0		
Fish oil	0	0	0	0	0	0		

The next set of questions asks about your use of vitamin and mineral supplements in the past 12 months.

18.	Thinking about the	past 12 months.	did v	vou take an	v vitamin o	r mineral	supplements'

- ○No → GO TO QUESTION 22 ON PAGE 7
- ○Yes, 1 pill or less per month —— GO TO QUESTION 22 ON PAGE 7
- Yes, more than 1 pill per month

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19. During the past 12 months, how often did	USE OF MULTIVITAMINS (MARK ONLY ONE RESPONSE PER MULTIVITAMIN.)									
you take the following multivitamins?	Did not take in the past 12 months	Less than 1 time per week	1 to 3 times per week	4 to 6 times per week	Every day					
Stress-tab type	0	0	0	0	0					
Therapeutic or Theragran type	0	0	0	0	0					
One-a-Day type	0	0	0	0	0					
Centrum, all types	0	0	0	0	0					

20. <u>During the past 12 months</u>, which of the following supplements did you take <u>more than once per month</u>? (DO NOT INCLUDE VITAMINS AND MINERALS CONTAINED IN THE MULTIVITAMINS YOU REPORTED TAKING IN QUESTION 19.) (MARK ALL THAT APPLY.)

	., (/	
○ Iron	○ Ginseng	O DHEA	Ginkgo Biloba
 Metamucil/Citrucel 	Magnesium	St. John's Wort	 Garlic supplements
Echinacea	Melatonin	Saw Palmetto	Lycopene
Coenzyme Q10	Folic Acid	Lutein	None of these

21. <u>During the past 12 months</u>, how often did you take the following single supplements, and what was the total amount of each single supplement you <u>usually</u> took in one day? (PLEASE ANSWER TO THE BEST OF YOUR KNOWLEDGE.)

(,	US (MARK ONL	SE OF SING	LE SUPPLE	MENTS	
	Did not take in the past 12 months	Less than 1 time per week	1 to 3 times per week	4 to 6 times per week	Every day
Vitamin A	0	0	0	0	0
Beta- Carotene	0	0	0	0	0
Vitamin C	0	0	0	0	0
Vitamin E	0	0	0	0	0
Calcium (including Tums)	0	0	0	0	0
Zinc	0	0	0	0	0
Selenium	0	0	0	0	0
Fish oil	0	0	0	0	0

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Page 7

The next set of questions asks about your family history, health, and weight.

22. Did any of the following blood relatives, alive or deceased, ever have any of the cancers listed below? Do not include anyone who is related to you only by marriage or adoption.

			TYPE OF CANCER					
BLOOD RELATIVE	None	Colon or rectal cancer	Prostate cancer	Breast cancer	Pancreatic cancer	Lung cancer	Bladder cancer	Other cancer(s)
Mother	0	0		0	0	0	0	0
Father	0	0	0	0	0	0	0	0
Sister(s)	0	0		0	0	0	0	0
Brother(s)	0	0	0	0	0	0	0	0

										4
Sister(s)			0	0		0	0	0	0	0
Brother(s)			0	0	0	0	0	0	0	0
23. What is you (ENTER YO MARK ONE	RENT WEI	GHT AND		POUNDS	24. Have you <u>ever</u> been <u>told by a doctor</u> the you had cancer? O Yes				<u>tor</u> that	
EXAMPLE 1: If you weigh 186 pounds, your entry would be:	POUNDS 186 000 000 000 222 338 444 686	EXAMP If you w 94 pour your en would b	veigh of try oe:	94	0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5		No GO T	O QUEST		
	00 00			90 90 90	6 6 7 7					

99

25. Please specify the type of cancer you were diagnosed with			FIRST DIAG	
by marking <u>one</u> circle to indicate the year that you were <u>first</u> diagnosed with that cancer.	Before 1985	1985-1994	1995-1999	2000 to Present
Colon or rectal cancer	0	0	0	0
Lung cancer	0	0	0	0
Breast cancer	0	0	0	0
Pancreatic cancer	0	0	0	0
Non-Hodgkin's lymphoma	0	0	0	0
Skin cancer (not melanoma)	0	0	0	0
Melanoma of the skin	0	0	0	0
Ovarian cancer (FEMALES ONLY)	0	0	0	0
Uterine or endometrial cancer (FEMALES ONLY)	0	0	0	0
Prostate cancer (MALES ONLY)	0	0	0	0
Other cancer (please specify type)	0	0	0	0
Not sure what type of cancer	0	0	0	0

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NIH-AARP DIET AND HEALTH STUDY

26. Have you <u>ever</u> been told by a doctor that you had any of the following conditions? If yes, mark one circle to indicate year <u>first</u> diagnosed.

	YES-YEAR CONDITION WAS <u>FIRST</u> DIAGNOSED (MARK ONLY ONE RESPONSE PER CONDITION.)						
CONDITION	No	Before 1985	1985-1994	1995-1999	2000 to Present		
High blood pressure	0	0	0	0	0		
Diabetes	0	0	0	0	0		
High cholesterol	0	0	0	0	0		
Heart attack, angina, or coronary artery disease	0	0	0	0	0		
TIA (Transient Ischemic Attack)	0	0	0	0	0		
Heart-rhythm disturbance, like atrial fibrillation	0	0	0	0	0		
Stroke	0	0	0	0	0		
Pulmonary embolus (blood clot in lungs)	0	0	0	0	0		
Emphysema or chronic bronchitis	0	0	0	0	0		
Osteoarthritis of the hip or knee	0	0	0	0	0		
Osteoporosis of the spine or hip	0	0	0	0	0		
Hip fracture	0	0	0	0	0		
Macular degeneration of the eye	0	0	0	0	0		
Glaucoma	0	0	0	0	0		
Renal disease requiring dialysis	0	0	0	0	0		
Kidney stones	0	0	0	0	0		
Colon or rectal polyps	0	0	0	0	0		
Stomach ulcer	0	0	0	0	0		
Duodenal ulcer	0	0	0	0	0		
Parkinson's disease	0	0	0	0	0		
Multiple sclerosis	0	0	0	0	0		
Amyotrophic lateral sclerosis (ALS) or Lou Gehrig's Disease	0	0	0	0	0		
Depression	0	0	0	0	0		
Benign Breast Disease detected by biopsy (FEMALES ONLY)	0	0	0	0	0		
Benign Prostatic Hyperplasia (BPH) (MALES ONLY)	0	0	0	0	0		

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27. Have you <u>ever</u> had any of the following			S - YEAR <u>FIR:</u> Y ONE RESP		
procedures performed? (MARK ONLY ONE RESPONSE FOR EACH PROCEDURE.)	No	Before 1985	1985-1994	1995-1999	2000 to Present
Coronary artery bypass or angioplasty	0	0	0	0	0
Gallbladder removal	0	0	0	0	0
Cataract extraction	0	0	0	0	0
Vasectomy (MALES ONLY)	0	0	0	0	0
28. During the <u>past 20 years</u> , how many times did you purposely lose each of the following amounts of weight? (DO NOT INCLUDE ANY WEIGHT LOSS DUE TO ILLNESS.)	Never	NU 1 to 2 times	MBER OF TIM 3 to 4 times	MES 5 to 6 times	7 or more times
5 to 9 pounds	0	0	0	0	0
10 to 19 pounds	0	0	0	0	0
20 to 49 pounds	0	0	0	0	0
50 or more pounds	0	0	0	0	0
Carry Excellent	Good	○ Fair		Poor of for sympton	ms).
30. When did you last have a colonoscopy or sigmoidoscopy (a test where a tube is inserted in your rectum to view your bowel for signs of canc and other health problems)? (MARK ONLY ONE RESPONSE.) Never had one Less than 1 year ago 1 year to less than 2 years ago 2 years to less than 5 years ago 5 years to less than 10 years ago 10 or more years ago Had one, but not sure when Not sure if had one IF YOU ARE FEMALE, GO TO QUESTION 33 ON PAGE 10.	ato er 32.	When did you your prostate' Never had oo Less than 1 1 year to les 2 years to le 5 or more ye Had one, bu Not sure if h When did you screens your leancer)? (MAF Never had oo Less than 1 1 year to les 2 years to les 5 or more ye Had one, bu Not sure if h	year ago s than 2 years s than 5 year ears ago it not sure whe had one last have a P blood for indi RK ONLY ONI one year ago s than 2 years ears ago it not sure whe had one	ago s ago s A test (a test cations of price RESPONSE) ago s ago s ago	ot that ostate

IF YOU ARE MALE, GO TO PAGE 12.

IF NOT, GO TO QUESTION 49 ON PAGE 12.

THE FOLLOWING TWO PAGES ARE FOR FEMALES ONLY. IF YOU ARE MALE, GO TO PAGE 12.

	When we are the least meaning arrange for a real of the			
33.	When was your <u>last</u> mammogram (an x-ray of the breast to look for breast cancer)? (MARK ONLY ONE RESPONSE.)		PILLS WITH ESTROGEN O	NLY
	 Never had one Less than 1 year ago 1 year to less than 2 years ago 2 years to less than 5 years ago 5 or more years ago Had one, but not sure when Not sure if had one 	37.	Did you take hormone pills containing estrogen-only, such as Premarin, depast 10 years? Yes O No GO TO QUESTION 41	uring the
34.	When did you last have an ultrasound or scan of your ovaries? (MARK ONLY ONE RESPONSE.) Never had one Less than 1 year ago 1 year to less than 2 years ago 2 years to less than 5 years ago 5 or more years ago Had one, but not sure when Not sure if had one	38.	Thinking about the past 10 years, for years in total did you take estrogen pills? (MARK ONLY ONE RESPONS) Less than 1 year 1 to 2 years 3 to 4 years 5 to 10 years	-only hormone
	The next set of questions asks about your use of female hormones <u>during or after menopause</u> .	39.	Are you still taking estrogen-only he	ormone pills?
35.	Did you ever take any female hormones, such as estrogen, progesterone, or a combination, for the treatment of menopausal symptoms (e.g., hot flashes or to prevent bone loss)? Yes, within the past ten years Yes, more than ten years ago GO TO QUESTION 49 ON PAGE 12		No	1994 1995 1996 1997 1998 1999 2000 2001 2001 2002
	O No GO TO QUESTION 49 ON PAGE 12			2004
	Not sure GO TO QUESTION 49 ON PAGE 12 During the past 10 years, which of the following types of female hormones did you use? (MARK ALL THAT APPLY.) Pills Patches Vaginal creams or suppositories Not sure what type	40.	What is the name of the estrogen-or that you took for the longest period the past 10 years? (MARK ONLY ON One of the past 10 years) (MARK ONLY ON One of the past 10 years) (MARK ONLY ON One of the past 10 years) (MARK ONLY ON ONLY ONLY	of time <u>during</u> NE RESPONSE.)
	F YOU MARKED <u>PILLS</u> IN QUESTION 36, CONTINUE WITH QUESTION 37.			

THIS PAGE IS FOR FEMALES ONLY. IF YOU ARE MALE, GO TO PAGE 12.

DII I	C WITH	DDACEST		PROGESTIN	
	.S VVII 🗆	FRUUESI	ヒベいいに いた	FRUMENTIN	

41.	Did you take hormone pills containing progesterone-only or progestin-only, see Provera, during the past 10 years? Yes No GO TO QUESTION 45	
42 .	Thinking about the past 10 years, for I years in total did you take progesteror progestin-only hormone pills? (MARK ONLY ONE RESPONSE.) Less than 1 year 1 to 2 years 3 to 4 years 5 to 10 years	
43.	Are you still taking progesterone-only progestin-only hormone pills? Yes No When did you stop taking progesterone or progestin hormone pills?	YEAR 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004
44.	What is the name of the progesterone progestin-only hormone pill that you to longest period of time during the past (MARK ONLY ONE RESPONSE.) Provera Medroxyprogesterone Cycrin Another progesterone-only or progesterone pill Not sure of the name	ook for the 10 years?

COMBINATION PILLS - Pills that contain both estrogen and progesterone or progestin

45.	Did you take hormone pills that contained both
	estrogen and progesterone or progestin in the same
	pill, such as Prempro or Premphase, during the past
	<u>10 years</u> ?
	O 14

Yes	
\bigcirc No \longrightarrow	GO TO QUESTION 49 ON PAGE 12

46.	Thinking about the past 10 years, for how many				
	years in total did you take a pill that contains both				
	estrogen and progesterone or progestin?				
	(MARK ONLY ONE RESPONSE.)				

0	Less than 1 year
\bigcirc	1 to 2 years
\bigcirc	3 to 4 years
\bigcirc	5 to 10 years

47. Are you still taking a combination of estrogen and progesterone or progestin hormone pills?

Yes	
○ No →	When did you stop taking estrogen and progesterone or progestin hormone pills?
	normone pins :

YEAR
1994 1995 1996 1997 1998 1999 2000 2001 2001 2002 2003 2004

48. What is the name of the combination of estrogen and progesterone or progestin pill that you took for the <u>longest</u> period of time <u>during the past 10 years</u>? (MARK ONLY ONE RESPONSE.)

\bigcirc	Prempro (Pink)
\bigcirc	Prempro (Blue)
\bigcirc	Premphase
\bigcirc	FemHRT
\bigcirc	Another estrogen and progesterone or progesting
	hormone pill
0	Not sure of the name

The last set of questions asks about your Social Security number.

49. The NIH-AARP Diet and Health Study includes such a large number of participants and is so successful, that we would like to expand the objectives of the study to look at the relationship between diet and health conditions in addition to cancer. For this purpose, we would like to use your Social Security number to obtain health information from Medicare and Medicaid records. This will have no effects on any benefits you may receive. Please mark one circle in the box below to indicate whether or not you consent to the use of your Social Security number for this purpose. Most NIH-AARP Diet and Health Study participants provided their Social Security number on the questionnaire they completed about eight years ago.

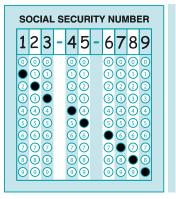
I consent to the use of my Social Security number to obtain health information from Medicare and Medicaid records for the purposes of the NIH-AARP Diet and Health Study.

Yes

O No

50. To be sure we have your correct Social Security number, please provide your Social Security number by marking the circles below. Providing this information is voluntary. If you choose not to provide this information, there will be no effects on any benefits you may receive. We are collecting this information under the authority of the Public Health Service Act, Section 412 (42 USC 285a-1) and Section 413 (42 USC 285a-2). Please be assured that this information will be held confidential to the full extent permitted by law. This study is covered by a Certificate of Confidentiality issued by the National Institutes of Health on behalf of the Secretary of the Department of Health and Human Services. The Certificate ensures that researchers involved in this project cannot be forced to disclose your identity or any information about you collected in this study. (ENTER YOUR SOCIAL SECURITY NUMBER AND MARK ONE CIRCLE BENEATH EACH BOX.)

EXAMPLE: If your Social Security number is 123-45-6789, your entry would be:



			-			-				
0	0	0		0	0		0	0	0	0
1	1	1		1	1		1	1	1	1
2	2	2		2	2		2	2	2	2
3	3	3		3	3		3	3	3	3
4	4	4		4	4		4	4	4	4
(5)	(5)	(5)		(5)	(5)		(5)	(5)	(5)	(5)
(6)	(6)	(6)		(6)	(6)		6	(6)	(6)	6
(7) (8)	(7) (8)	(7) (8)		(7) (8)	(7) (8)		(7) (8)	(7) (8)	(7) (8)	(7) (8)
9	9	9		9	9		9	9	9	9

Thank you very much for your valuable contribution of time and effort.

Please return the questionnaire in the postage-paid envelope provided.